



DIVISION OF LOCAL SERVICES DEPARTMENT OF REVENUE

COURSE 101 REGISTRATION FORM FALL 2013 WESTFIELD

Name: _____

Address: _____

City: _____ Zip: _____

Phone: (____) - _____ - _____ Extension _____

Email: _____

DOR will issue correspondence regarding this course to the email address provided above. Therefore, you should have regular access to this account.

Position: ☐ Assessor ☐ Assistant Assessor
☐ Board of Assessor ☐ Other (Specify) _____

Did you take an oath of office? ☐ Yes ☐ No

Community: _____

Original Appointment/Election Date (mm/dd/yy): _____ / _____ / _____

Name of person you replaced: _____

List any community you were previously associated with in an assessing capacity:

Please contact the Training Coordinator at 617-626-3838 with any questions you may have.

FAX completed form to 617-660-7021.

Please note that space is limited.

The deadline to register is Friday, October 25th.